

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 1 2

2. STATE:

Montana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

4/01/01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

440.40

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 29,990
b. FFY 2002 \$ 95,269

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

~~Pg 1 of 1 Supplement to Attachment 3.1A Service 4b~~
~~Pg 1 of 1 Supplement to Attachment 3.1B Service 4b~~
~~Pg 1 of 1 Attachment 4.19B Service 4b~~
Pg 1-8 Supplement 1G to Attachment 3.1A Service 19a
Pg 1-3 Supplement 1G to Att 3.1-B, Service 19a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

~~Pg 1 of 1 Supplement to Attachment 3.1A Service 4b~~
~~Pg 1 of 1 Supplement to Attachment 3.1B Service 4b~~
~~Pg 1 of 1 Attachment 4.19B Service 4b~~

10. SUBJECT OF AMENDMENT:

Add inpatient and case management service for substance (chemical) dependency/abuse
(Inpatient does not include hospital, but means free standing CD residential)

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Single State Agency Director

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Gail Gray, Ed.D

14. TITLE:

Director

15. DATE SUBMITTED:

6/26/01

16. RETURN TO:

Department of Public Health & Human Services
Gail Gray, Ed.D., Director
Attn: Jean Robertson
PO Box 202951
Helena MT 59620-2951

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

June 29, 2001

18. DATE APPROVED:

9-21-01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

4/1/01

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE:

Acting Associate Regional Administrator

21. TYPED NAME:

Spencer K. Ericson

23. REMARKS:

POSTMARK: June 28, 2001

MONTANA

A. Target Group:

Youth With Substance Abuse or Dependency

Targeted Case management services are furnished to eligible Medicaid recipients under the age of 21 years of age who have abuse or dependency determined by a Certified Chemical Dependency Counselor (CCDC) of a State Approved Outpatient or Inpatient Program under contract with the Department of Public Health and Human Services. A youth with substance abuse or dependency is:

- a. a youth who meets the dependency diagnosis set forth in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) or revision thereof

B. Areas of State in which services will be provided:

Entire State

C. Comparability of Services

Services are not comparable in amount, duration, and scope. Authority of section 1915 (g) (1) of the Act is invoked to provide services without regard to the requirements of section 1902(a) (10)(B) of the Act.

D. Definition of Services

Youth With Substance Dependency or Abuse.

This group is being targeted for case management services to help provide a better quality of life for the individual by: a) improving access to various services within the community essential to the sustained recovery of the youth, b) servicing the individual in the least restrictive and most culturally therapeutic environment appropriate and available, c) facilitating the preservation of the individual in the family unit, preventing out-of-community placement and/or facilitating the individual's return from inpatient residential treatment, therapeutic group care, halfway home services, and facilitating continuity of treatment essential to the successful sustained recovery of the youth.

TN # 01-012 Approved 09/24/01 Effective 04/01/2001
Supersedes TN NEW

Case management is intended to assist members of the target group in accessing needed medical, social, educational, vocation, mental health, and other services. It includes:

1. Helping the recipient make informed choices regarding opportunities and services;
2. Assisting the recipient in establishing an individual case plan and developing realistic, attainable life goals that will sustain recovery;
3. Identifying resources and assuring timely access to needed medical, social, mental health, educational, vocation and other services or assistance;
4. Providing access to opportunities for self-help activities; and
5. Coordinating services and activities to meet these goals.

Case management is a service based on assessment of the individual needs, mutual planning between the recipient and the case manager, and recipient empowerment in accessing resources. It is provided for an indefinite period of time, at an intensity which is influenced by the individual's service plan and unique situation, and in settings accessible to the recipient.

Eligible individuals have the option to accept or reject case management services.

Case management focuses on the day-to-day concerns of youth with substance dependency or abuse by assisting them to identify realistic and achievable goals supportive of their recovery and the sustaining of the recovery. Case management also supports achievement of individualized goals so the utilization of free-standing inpatient or other residential services or more costly medical services is avoided. The case manager acts as a resource person in assisting the recipient to gain access to needed medical, mental health, social, vocational, educational and other services identified as necessary in the treatment plan.

E. Qualification of Providers:

Youth With Substance Dependency or Abuse

Case management services for persons with substance dependency or abuse must be provided by persons who meet the criteria below and who are employed by a state approved out patient chemical dependency treatment program under contract with the Department of Public Health and Human Services to provide substance dependency or abuse treatment services. Employed includes an individual under contract with the state approved program.

TN # 01-012 Approved 09/24/01 Effective 04/01/2001
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CRITERIA: Case managers must have the knowledge and skills needed to effectively perform the case management duties. The suggested minimum requirements for a case manager are a bachelor's degree (or RN diploma) in a human service field plus at least one year of full time experiences serving people (optimally children and families) with substance dependency. However, individuals with substance dependency who are in recovery, consumers or advocates of substance dependency services who have developed the necessary skills, may also be employed as case managers. A parent or immediate family member (e.g., grand parent, brother, sister, etc.) may not be employed as the case manager for their child or adolescent.

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 102 (a) (23) of the Act.
- (1) Eligible recipients will have free choice of the providers of case management services.
 - (2) Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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